

# Fayette County Public Library

## 2010 Summer Reading Participation Form

Parent's Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

The following children's will be participating in the Fayette County Summer Reading Program beginning **June 5** and concluding **July 31**.

| Participants Name | Age | Sex |
|-------------------|-----|-----|
|                   |     |     |
|                   |     |     |
|                   |     |     |
|                   |     |     |

The undersigned parent and/or guardian acknowledges that participation is voluntary and agrees to waive and release any and all rights for damages against the Fayette County Board of Commissioners and all employees and members of the same, for any claim out of injury or damages to myself/children. By signing this release, I/guardian consent to such participation and verify that adequate medical insurance is in effect during this period.

**In the event of an emergency and I cannot be reached, I give permission for authorities of the above named agency to seek immediate medical attention for my children.**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date